

# Identifying Gaps in Access to Critical Health Services

*Local and state public health jurisdictions monitor access to critical health services and work with the entire health care system—including health plans and public, private, and community-based providers—to pinpoint service gaps and seek solutions.*



When people do not have access to the individual health services they need, their health suffers. When many people in a community have this problem, the health of the community suffers.

In our state, one policy approach to helping people get the health services they need has been to provide subsidized payments for health insurance for those who cannot otherwise afford it. But when people have difficulty accessing individual clinical care, the community may expect public health departments to take on the burden of filling an access “gap”—providing a specific service such as immunizations or health screening. This has left an inaccurate impression that “public health” exists to provide medical care for the poor.

In fact, health departments, as part of local government, are set up for community-wide health protection; providing clinical services is a very small part of what they do. Only rarely do public health agencies provide health services directly, and the range of services is typically limited. Today, health departments most often work to make sure that services are available from other providers.

Public health plays a broader role in assuring access. Local and state public health jurisdictions monitor access to critical health services and work with the entire health care system—including health plans and public, private, and community-based providers—to pinpoint service gaps and seek solutions. More local health jurisdictions are finding this assurance role to be important because when this responsibility is not met, the health of the community may be affected and there may be increased pressure for local public health to fill the gap. This leads to pressure for greater public expenditure and piecemeal medical care.

The public health system’s concern about access to critical health services stems from its mission to prevent illness and promote health. Its priorities for access may be different from those of employer sponsors of health insurance benefit programs or individuals who purchase major medical insurance coverage.

Given rapid changes in the health insurance market and health care delivery system during the past decade, attention to access issues by public health agencies is timely and essential. In several of Washington’s rural counties, individual

health insurance coverage is severely limited. Hospitals, clinics, and health departments report difficulty in recruiting providers and remaining financially viable. Culturally appropriate providers are in extremely short supply to treat African Americans, Hispanics, Asians, Native Americans, and other populations at highest risk for many diseases. These issues are being evaluated at the state level by the State Board of Health, which has taken the lead on access to critical health services.

In addition, the Proposed Standards for Public Health contain a section addressing Access to Critical Health Services, which includes measures such as “information...about the availability of a core set of critical health services that are necessary to protect the public health.” The State Board of Health’s work on defining critical health services is an important first step in determining which services are truly essential in each community.

The definition of critical health services was accomplished using national research regarding impact on individual health—and by extension, community health—without reference to funding and payment considerations. These are services that should be available through local health systems, which consist of both private and public or community-based providers. (The conceptual framework for identifying these services is shown in Appendix 8.)

Because of local differences in population, geography, and provider availability, a standard list of critical health services does not work well in every local health jurisdiction. For this reason, the Washington State Board of Health has proposed a

broader “menu” of services for use by each local health jurisdiction as appropriate. The adopted menu of critical health services is shown on the next page.

These are the services that our public health system may work to ensure are provided in every community or county across the state. At the beginning of this work, the Board of Health also planned to measure access to the above services by examining whether the service exists at the community level, how many people receive it, and whether the available services meet local need. The Board of Health’s initial review of public and private sector data sources revealed that, because of problems obtaining complete, accurate, and service-specific data, reliable measurement over time is not yet possible. The data that exist are used primarily for claims and program management, not for tracking population-based access to care.

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At the statewide level, additional work is needed to develop data that support ongoing assessment of access to critical health services. To be useful, such measurement must track over time, account for both public and private health care providers, and reveal differences across local jurisdictions. This collaborative effort will support the continuing work of closing the gap between the commitment to ensure access to care and the services that are available in every community.

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## Menu of Critical Health Services

This menu identifies health care services and health conditions or risks for which appropriate services—screening, education and counseling, and interventions—are needed.

### General access to health services

- Ongoing primary care
- Emergency medical services and care
- Consultative specialty care
- Home care services
- Long-term care

### Health risk behaviors

- Tobacco use
- Dietary behaviors
- Physical activity and fitness
- Injury and violence prevention (bike safety, motor vehicle safety, firearm safety, poison prevention, abuse prevention)
- Responsible sexual behavior

### Communicable and infectious diseases

- Immunizations for vaccine preventable diseases
- Sexually transmitted diseases
- HIV/AIDS
- Tuberculosis
- Other communicable diseases

### Pregnancy and maternal, infant, and child health and development

- Family planning
- Prenatal care
- Women, Infants and Children (WIC) services
- Newborn and early childhood services
- Well child care

### Behavioral health and mental health services

- Substance abuse prevention and treatment
- Depression
- Suicide/crisis intervention
- Other serious mental illness

### Cancer services

- Cancer-specific screening (i.e., breast, cervical, colorectal) and surveillance
- Specific cancer treatment

### Chronic conditions and disease management

- Diabetes
- Asthma
- Hypertension
- Cardiovascular disease
- Respiratory diseases (other than asthma)
- Arthritis, osteoporosis, chronic back conditions
- Renal disease

### Oral health

- Dental care services
- Water fluoridation

## Next Steps

### For Identifying Gaps in Access to Critical Health Services

1. Disseminate the recommended menu of critical health services to determine if consensus exists among health providers, community members, public health and other agencies as to which services should be targets for access improvements.
2. Use the critical services menu to identify priorities for special efforts to improve access.
3. At the state level, determine the feasibility of collecting information that describes the availability of critical services.
  - For which are there reasonable sources of data?
  - For which would information systems need to be developed?
  - Can coordinated efforts across state or private agencies yield information?
4. Explore the extent to which existing information systems and monitoring practices might be used or modified to help pinpoint exactly what services are needed—and where.